

Case Number:	CM15-0040870		
Date Assigned:	03/11/2015	Date of Injury:	04/26/2012
Decision Date:	04/15/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old male, who sustained an industrial injury on April 26, 2012. The injured worker was diagnosed as having carpal tunnel syndrome, cervicgia, lumbago, sprain of ribs, and knee internal derangement, status post left total knee arthroplasty. Treatment to date has included pain, anti-epilepsy, muscle relaxant, proton pump inhibitor, sleep, and non-steroidal anti-inflammatory medications. On January 13, 2015, the injured worker complains of unchanged, constant sharp cervical spine pain radiating into the upper extremities. Associated symptoms include migrainous headaches and tension between the shoulders. In addition, he complains of unchanged, constant sharp low back pain radiating into the lower extremities; unchanged, constant right knee pain with swelling and buckling; and unchanged, intermittent throbbing bilateral wrist/hand pain. His bilateral lower extremities remained unchanged. He reports difficulty sleeping. The physical exam revealed cervical paravertebral muscle tenderness, a positive axial loading compression test, positive Spurling's maneuver, limited range of motion with pain, no instability, intact coordination and balance, and normal sensation and strength. There was lumbar paravertebral muscle tenderness with spasm, positive seated nerve root test, guarded and restricted standing flexion and extension, no instability, intact coordination and balance, and normal sensation and strength. There was joint line tenderness of the knee, positive patellar grind test, negative anterior drawer and positive pivot shift tests, positive McMurray sign, crepitus with painful range of motion, no instability, no swelling, and normal hamstring and quadriceps strength. The left knee had a well-healing surgical incision without wound dehiscence or drainage, some stiffness and decreased range of motion, and intact

neurovascular status. There was tenderness over the volar aspect of the wrist, positive palmar compression test with subsequent Phalen's maneuver, positive Tinel's sign over the carpal tunnel, full but painful range of motion, no swelling, and diminished sensation in the radial digits. The treatment plan includes refilling his muscle relaxant, proton pump inhibitor, sleep, and non-steroidal anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Eszopiclone (Lunesta) 1 mg Qty 30, take at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia Medications. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for Lunesta (eszopiclone), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no clear documentation of a description of the patient's insomnia, behavioral treatments that have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Lunesta treatment. Finally, there is no indication that Lunesta is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta (eszopiclone) is not medically necessary.